

FORM PTO-1390 MODIFIED	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	ATTORNEY'S DOCKET NUMBER 4398-567
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371		U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) 10/585,514
INTERNATIONAL APPLICATION NO. PCT/AU2004/001834	INTERNATIONAL FILING DATE 24 December 2004	PRIORITY DATE CLAIMED 16 January 2004
TITLE OF INVENTION HEADGEAR CONNECTION ASSEMBLY FOR A RESPIRATORY MASK ASSEMBLY		
APPLICANT(S) FOR DO/EO/US GUNEY ET AL.		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
1. <input type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371. 2. <input checked="" type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371. 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input type="checkbox"/> The U.S. has been elected (Article 31). 5. A copy of the International Application as filed (35 U.S.C. 371(c)(2)). a. <input type="checkbox"/> WO 2005/068002 is attached hereto (pages specification, claims & abstract (claims), sheets drawings). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(3)) a. <input type="checkbox"/> is attached hereto (pages specification, claims & abstract (claims), sheets drawings, page Certificate of Translation). b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. a. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). b. <input type="checkbox"/> Declaration was submitted to the International Bureau during International Phase (see copies of Declaration (page Form PCT/RO/101 and Form PCT/IB/371 and first page of printed publication acknowledging receipt thereof attached). 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). Items 11 To 20 below concern document(s) or information included: 11. <input type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98. 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included. 13. a. <input type="checkbox"/> A FIRST preliminary amendment. b. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 14. <input type="checkbox"/> An Application Data Sheet under 37 C.F.R. § 1.76. 15. <input type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A change of power of attorney and/or address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825. 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input type="checkbox"/> Other items or information.		

U.S. APPLICATION NO. (if known, see 37 C.F.R. 1.5) 10/585,514		INTERNATIONAL APPLICATION NO. PCT/AU2004/001834		ATTORNEY'S DOCKET NUMBER 4398-567																			
<input type="checkbox"/> The following fees are submitted:																							
BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5):																							
21. <input type="checkbox"/>	Basic national fee			\$300.00 (1631)/\$150.00 (2631)	\$ 0.00																		
22. <input type="checkbox"/>	Examination Fee.....			\$0 (1643/2643)	\$ 0.00																		
23. <input type="checkbox"/>	Search Fee			\$0 (1640/2640)																			
				\$100 (1641)/\$50 (2641)																			
				\$400 (1642)/\$200 (2642)																			
				\$500.00 (1632)/\$250.00 (2632)	\$ 0.00																		
TOTAL OF ABOVE CALCULATIONS					\$ 0.00																		
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.																							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof (round up to a whole number)																			
50	-100	0	/50 =	0.00																			
				RATE																			
				\$0.00 (1681)	\$																		
				\$0.00 (2681)																			
Surcharge of \$130.00 (1617)/\$65.00 (2617) for furnishing the oath or declaration later than <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>CLAIMS</td> <td>NUMBER FILED</td> <td># EXTRA</td> <td colspan="3">RATE</td> </tr> <tr> <td>Total Claims</td> <td>31</td> <td>minus 31 =</td> <td>0 X</td> <td>\$50.00 (1615)/</td> <td>\$25.00 (2615)</td> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>minus 5 =</td> <td>0 X</td> <td>\$200.00 (1614)</td> <td>\$100.00 (2614)</td> </tr> </table>						CLAIMS	NUMBER FILED	# EXTRA	RATE			Total Claims	31	minus 31 =	0 X	\$50.00 (1615)/	\$25.00 (2615)	Independent Claims	5	minus 5 =	0 X	\$200.00 (1614)	\$100.00 (2614)
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Total Claims	31	minus 31 =	0 X	\$50.00 (1615)/	\$25.00 (2615)																		
Independent Claims	5	minus 5 =	0 X	\$200.00 (1614)	\$100.00 (2614)																		
MULTIPLE DEPENDENT CLAIMS(S) (if applicable) \$360.00 (1616)/\$180.00 (2616) \$ 0.00																							
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s): One Month Extension \$120.00 (1251)/\$60.00 (2251); Two Month Extensions \$450.00 (1252)/\$225.00 (2252); Three Month Extensions \$1020.00 (1253)/\$510.00 (2253); Four Month Extensions \$1590.00 (1254)/\$795.00 (2254) \$ 0.00																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																							
Processing fee of \$130.00 (1618), for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).																							
TOTAL NATIONAL FEE =																							
Fee for recording the enclosed assignment (37 C.F.R. 1.21(h). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 (8021) per property + \$ 0.00																							
Fee for Petition to Revive Unintentionally Abandoned Application; \$1500.00 (1453) / \$750.00 (2453) \$ 0.00																							
TOTAL FEES ENCLOSED =																							
Amount to be refunded: \$																							
Amount to be Charged: \$																							
a. <input type="checkbox"/> A check in the amount of \$0.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. 14-1140 in the amount of \$_____ to cover the above fees. A duplicate copy of this form is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1140. A duplicate copy of this form is enclosed. d. <input type="checkbox"/> CREDIT CARD PAYMENT FORM ATTACHED. e. <input checked="" type="checkbox"/> The entire content of International Application No. PCT/AU2004/001834 and any U.S. and foreign application(s) corresponding thereto, and US Provisional Application No. 60/536,735, referred to in this application is/are hereby incorporated by reference in this application. NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b) must be filed and granted to restore the application to pending status. CORRESPONDENCE ADDRESS Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 23117 <div style="text-align: center; font-size: small;">Type Customer Number here</div>																							
Telephone: (703) 816-4000 PTB:Imr																							
<div style="text-align: center;"> Paul T. Bowen NAME 38,009 REGISTRATION NUMBER </div> <div style="text-align: right;"> September 26, 2006 Date </div>																							